

FILED MAR 12 1945

Registration District No. **248**

Primary Registration District No. **5841**

Registrar's No.

1. PLACE OF DEATH:

(a) County Newton
(b) City or town Rural Buffalo
(c) Name of hospital or institution: Wimp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 72 yrs years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton 73
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. R.F.D. #4
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MINNIE ATWOOD MACY

3. (b) If veteran, name war _____ 3. (c) Social Security No. none

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Charley W. Macy 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased July 22 - 1872
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>72</u>	<u>7</u>	<u>1</u>	<u>hr 10-45 min</u>

9. Birthplace Polk Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business _____

MOTHER FATHER
12. Name Hargrove
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Hays
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant L. B. Macy
(b) Address Seneca Mo.

17. (a) Burial (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Salem
18. (a) Signature of funeral director L. B. Buzgard
(b) Address Seneca Mo.

19. (a) 3-6-1945 (b) Nettie Norris
(Date received local registrar) (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 23
year 1945 hour 10 minute 45 P. M.

21. I hereby certify that I attended the deceased from Feb. 1 - 1945 to Feb. 23, 1945
that I last saw her alive on Feb. 20, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of Liver and intestines

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations 462
Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: _____

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature D. B. Drenner (M. D. or other) 2-27-45
Address Seneca Date signed _____

1252

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.

working under my personal supervision.

RECEIVED MAR 9 1945

District Health Officer No.

District File Number 245-29

Date Filed MAR 9 1945

Signed.....

B.W. Buzzard

Licensed Embalmer No. 2334

P.O. Address Seneca Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.